

B1 (Official Form 1)(04/13)

<b>United States Bankruptcy Court</b> <b>Northern District of Indiana</b>		<b>Voluntary Petition</b>
Name of Debtor (if individual, enter Last, First, Middle): <b>Luebcke, Larry Norbert</b>		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) <b>xxx-xx-8043</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>10350 Doubletree Drive South</b> <b>Crown Point, IN</b> <div style="text-align: right;">ZIP Code <b>46307</b></div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP Code</div>
County of Residence or of the Principal Place of Business: <b>Lake</b>		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <b>3992 Bishopwood Court East</b> <b>Apt 202</b> <b>Naples, FL</b> <div style="text-align: right;">ZIP Code <b>34114</b></div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
<b>Type of Debtor</b> (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Nature of Debts</b> (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000		
<b>Estimated Assets</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Luebcke, Larry Norbert****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

**- None -**

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X**

Signature of Attorney for Debtor(s)

(Date)

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Luebcke, Larry Norbert****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Larry Norbert Luebcke**Signature of Debtor **Larry Norbert Luebcke****X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

**February 18, 2014**

Date

**Signature of Attorney\*****X /s/ Frederick L. Carpenter**

Signature of Attorney for Debtor(s)

**Frederick L. Carpenter 25520-45**

Printed Name of Attorney for Debtor(s)

**Daniel L. Freeland & Associates, P.C.**

Firm Name

**9105 Indianapolis Boulevard  
Highland, IN 46322**

Address

Email: **dlf9601b@aol.com****219.922.0800 Fax: 219.922.1261**

Telephone Number

**February 18, 2014**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court**  
**Northern District of Indiana**

In re Larry Norbert Luebcke

Debtor(s)

Case No.  
Chapter7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Larry Norbert Luebcke

Larry Norbert Luebcke

Date: February 18, 2014

B 6 Summary (Official Form 6 - Summary) (12/13)

**United States Bankruptcy Court**  
**Northern District of Indiana**

In re **Larry Norbert Luebcke**,  
 Debtor

Case No. \_\_\_\_\_

Chapter **7**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>660,300.00</b>		
B - Personal Property	<b>Yes</b>	<b>4</b>	<b>22,251.00</b>		
C - Property Claimed as Exempt	<b>Yes</b>	<b>1</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>2</b>		<b>962,679.00</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>2</b>		<b>554.44</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>20</b>		<b>2,632,468.75</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>2,774.22</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>2,774.00</b>
Total Number of Sheets of ALL Schedules		<b>36</b>			
Total Assets			<b>682,551.00</b>		
Total Liabilities				<b>3,595,702.19</b>	

**United States Bankruptcy Court**  
**Northern District of Indiana**

In re **Larry Norbert Luebcke**,  
 Debtor

Case No. \_\_\_\_\_

Chapter **7**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

**State the following:**

Average Income (from Schedule I, Line 12)	
Average Expenses (from Schedule J, Line 22)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
10350 Doubletree Drive South Crown Point IN 46307	Tenants by the entirety	-	385,000.00	706,761.00
3992 Bishopwood Court E Apt 202 Naples, FL 34114	Tenants by the entirety	-	180,000.00	180,000.00
605 E. Elm Street Griffith, IN	Tenants by the entirety	-	71,300.00	67,347.00
Boat Slip - 705 East Elkon Circle Marco Island, FL 34145	Tenants by the entirety	-	15,000.00	0.00
Timeshare Marriot Aruba Surf Club LG Smith #99 Palm Beach Aruba	Tenants by the entirety	-	8,000.00	0.00
Tropic Sun Towers 591 South Atlantic Avenue Ormond Beach, FL 32176	Tenants by the entirety	-	1,000.00	0.00

Sub-Total > **660,300.00** (Total of this page)

Total > **660,300.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property



In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	<b>X</b>			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>First Midwest Checking Account joint with spouse</b>	<b>J</b>	<b>0.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>Household goods &amp; furnishings</b>	<b>J</b>	<b>1,000.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		<b>Books, Cds, Pictures</b>	<b>J</b>	<b>100.00</b>
6. Wearing apparel.		<b>Clothing</b>	<b>-</b>	<b>200.00</b>
7. Furs and jewelry.		<b>Wedding Ring, &amp; Jewelry</b>	<b>-</b>	<b>200.00</b>
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issuer.	<b>X</b>			

Sub-Total > **1,500.00**  
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		<b>18 shares of R-Storage</b>	-	<b>1.00</b>
14. Interests in partnerships or joint ventures. Itemize.		<b>50% interest in "Homes by Lynn"</b>	-	<b>0.00</b>
		<b>50% interest in "Homes of the 20th Century Inc."</b>	-	<b>0.00</b>
		<b>Papparazzi, LLC 50% Interest</b>	-	<b>0.00</b>
		<b>El Tambien, LLC 45% Interest</b>	-	<b>0.00</b>
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.		<b>Judgment in the amount of \$28,500.00 from Larry Luebcke vs. Barbereen Sexton et al. 45D05-1108-PL-00082</b>	-	<b>18,500.00</b>
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			

Sub-Total > **18,501.00**  
(Total of this page)

Sheet **1** of **3** continuation sheets attached  
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	<b>X</b>			
26. Boats, motors, and accessories.		<b>Honda Pontoon joint with spouse (Half value of \$4,500.00)</b>	<b>-</b>	<b>2,250.00</b>
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			

Sub-Total > **2,250.00**  
(Total of this page)

Sheet 2 of 3 continuation sheets attached  
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			

Sub-Total >	<b>0.00</b>
(Total of this page)	
Total >	<b>22,251.00</b>

(Report also on Summary of Schedules)

Sheet **3** of **3** continuation sheets attached  
to the Schedule of Personal Property

B6C (Official Form 6C) (4/13)

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)☒ 11 U.S.C. §522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<b><u>Real Property</u></b>			
<b>3992 Bishopwood Court E Apt 202 Naples, FL 34114</b>	<b>Ind. Code § 34-55-10-2(c)(5)</b>	<b>ALL</b>	<b>180,000.00</b>
<b>Boat Slip - 705 East Elkon Circle Marco Island, FL 34145</b>	<b>Ind. Code § 34-55-10-2(c)(5)</b>	<b>ALL</b>	<b>15,000.00</b>
<b>Timeshare Marriot Aruba Surf Club LG Smith #99 Palm Beach Aruba</b>	<b>Ind. Code § 34-55-10-2(c)(5)</b>	<b>8,000.00</b>	<b>8,000.00</b>
<b>Tropic Sun Towers 591 South Atlantic Avenue Ormond Beach, FL 32176</b>	<b>Ind. Code § 34-55-10-2(c)(5)</b>	<b>1,000.00</b>	<b>1,000.00</b>
<b><u>Household Goods and Furnishings</u></b>			
<b>Household goods &amp; furnishings</b>	<b>Ind. Code § 34-55-10-2(c)(2)</b>	<b>1,000.00</b>	<b>1,000.00</b>
<b><u>Books, Pictures and Other Art Objects; Collectibles</u></b>			
<b>Books, Cds, Pictures</b>	<b>Ind. Code § 34-55-10-2(c)(2)</b>	<b>100.00</b>	<b>100.00</b>
<b><u>Wearing Apparel</u></b>			
<b>Clothing</b>	<b>Ind. Code § 34-55-10-2(c)(2)</b>	<b>200.00</b>	<b>200.00</b>
<b><u>Furs and Jewelry</u></b>			
<b>Wedding Ring, &amp; Jewelry</b>	<b>Ind. Code § 34-55-10-2(c)(2)</b>	<b>200.00</b>	<b>200.00</b>
<b><u>Stock and Interests in Businesses</u></b>			
<b>18 shares of R-Storage</b>	<b>Ind. Code § 34-55-10-2(c)(3)</b>	<b>1.00</b>	<b>1.00</b>
<b><u>Interests in Partnerships or Joint Ventures</u></b>			
<b>50% interest in "Homes by Lynn"</b>	<b>Ind. Code § 34-55-10-2(c)(3)</b>	<b>1.00</b>	<b>0.00</b>
<b><u>Accounts Receivable</u></b>			
<b>Judgment in the amount of \$28,500.00 from Larry Luebcke vs. Barbereen Sexton et al. 45D05-1108-PL-00082</b>	<b>Ind. Code § 34-55-10-2(c)(3)</b>	<b>249.00</b>	<b>18,500.00</b>

Total:	<b>10,751.00</b>	<b>224,001.00</b>
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0 continuation sheets attached to Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D  W I F E  J O I N T  C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			<b>2008</b>					
<b>American Honda</b> <b>1030 Cambridge Square</b> <b>Alpharetta, GA 30201</b>	<b>X</b>	<b>J</b>	<b>Boat</b>  <b>Honda Pontoon</b> <b>joint with spouse</b> <b>(Half value of \$4,500.00)</b>					
			Value \$ <b>2,250.00</b>				<b>8,571.00</b>	<b>6,321.00</b>
Account No.			<b>2004</b>					
<b>Capital One NA</b> <b>PO Box 21887</b> <b>Saint Paul, MN 55121</b>	<b>X</b>	<b>J</b>	<b>Mortgage</b>  <b>10350 Doubletree Drive South</b> <b>Crown Point IN 46307</b>					
			Value \$ <b>385,000.00</b>				<b>244,613.00</b>	<b>0.00</b>
Account No.								
<b>Feiwell &amp; Hannoy P.C.</b> <b>251 N. Illinois Street</b> <b>Ste 1700</b> <b>Indianapolis, IN 46204-1944</b>			<b>Representing:</b> <b>Capital One NA</b>				<b>Notice Only</b>	
			Value \$					
Account No.			<b>2007</b>					
<b>First National Bank of Illinois</b> <b>3256 Ridge Road</b> <b>Lansing, IL 60438</b>	<b>-</b>		<b>Business Debt</b>  <b>10350 Doubletree Drive South</b> <b>Crown Point IN 46307</b>					
			Value \$ <b>385,000.00</b>				<b>400,000.00</b>	<b>321,761.00</b>
Subtotal (Total of this page)							<b>653,184.00</b>	<b>328,082.00</b>

1 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re Larry Norbert Luebcke,  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.								
<b>Carla Pyle</b> <b>c/o Rubino &amp; Ruman</b> <b>275 Joliet Street #330</b> <b>Dyer, IN 46311</b>			<b>Representing:</b> <b>First National Bank of Illinois</b>				<b>Notice Only</b>	
Account No.			Value \$					
Account No.			<b>Mortgage</b>					
<b>Merrill Lynch</b> <b>4 World Financial Center</b> <b>250 Vesey Street</b> <b>New York, NY 10080</b>		-	<b>3992 Bishopwood Court E Apt 202</b> <b>Naples, FL 34114</b>					
Account No.			Value \$				<b>180,000.00</b>	<b>0.00</b>
Account No.			<b>2007</b>					
<b>PNC Bank</b> <b>6750 Miller Road</b> <b>Brecksville, OH 44141</b>		-	<b>Second Mortgage</b> <b>10350 Doubletree Drive South</b> <b>Crown Point IN 46307</b>					
Account No.			Value \$				<b>62,148.00</b>	<b>0.00</b>
Account No.			<b>2007</b>					
<b>Wells Fargo</b> <b>7255 Baymeadows</b> <b>Des Moines, IA 50306</b>		H	<b>Mortgage</b> <b>605 E. Elm Street</b> <b>Griffith, IN</b>					
Account No.			Value \$				<b>67,347.00</b>	<b>0.00</b>
Account No.								
Account No.			Value \$					
Subtotal							<b>309,495.00</b>	<b>0.00</b>
(Total of this page)								
Total							<b>962,679.00</b>	<b>328,082.00</b>
(Report on Summary of Schedules)								

Sheet 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



B6E (Official Form 6E) (4/13) - Cont.

In re Larry Norbert Luebcke,  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)**Taxes and Certain Other Debts  
Owed to Governmental Units**

## TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			<b>2013</b>					
<b>Indiana Department of Revenue BK Section N-240 100 North Senate Avenue Indianapolis, IN 46204</b>		-	<b>Business Debt</b>					<b>0.00</b>
							<b>554.44</b>	<b>554.44</b>
Account No.								
Account No.								
Account No.								
Account No.								
Subtotal (Total of this page)							<b>554.44</b>	<b>0.00</b> <b>554.44</b>
Total (Report on Summary of Schedules)							<b>554.44</b>	<b>0.00</b> <b>554.44</b>

Sheet 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

B6F (Official Form 6F) (12/07)

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R  H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxx8492</b>  <b>ACN</b> <b>1000 Progress Place</b> <b>Concord, NC 28025</b>	-	<b>2012</b> <b>Business Debt</b>				<b>117.23</b>
Account No.  <b>Action Plumbing</b> <b>11339 Calumet Avenue</b> <b>Dyer, IN 46311</b>	-	<b>2012</b> <b>Business Debt</b>			<b>X</b>	<b>1.00</b>
Account No. <b>0013</b>  <b>Advanta Bank Corp</b> <b>P.O. Box 8088</b> <b>Philadelphia, PA 19101</b>	-	<b>2009</b> <b>Business Debt</b>				<b>1.00</b>
Account No.  <b>American Express</b> <b>PO Box 918537</b> <b>El Paso, TX 79998</b>	-	<b>1997</b> <b>Credit Card</b>				<b>48,692.00</b>
Subtotal (Total of this page)						<b>48,811.23</b>

19 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Wright &amp; Lerch 2001 Reed Road Suite 100 Fort Wayne, IN 46815</b>		<b>Representing: American Express</b>				<b>Notice Only</b>
Account No.		<b>2012 Credit Card</b>				
<b>American Express Establishment Services P.O. Box 53773 Phoenix, AZ 85072-3773</b>	-				<b>X</b>	<b>1.00</b>
Account No. <b>xxxx-xxxxxx9424</b>		<b>2013 Business Debt</b>				
<b>American Marketing c/o Transworld Systems 507 Prudential Road Horsham, PA 19044</b>	-					<b>323.26</b>
Account No. <b>8664</b>		<b>2013 Business Debt</b>				
<b>Asset Management Consultants c/o Gonzalez Saggio Harlan 135 N. Pennsylvania Street Suite 1740 Indianapolis, IN 46204</b>	-					<b>1,999.98</b>
Account No.		<b>2012 Business Debt</b>				
<b>AT&amp;T P.O. Box 5093 Carol Stream, IL 60197-5093</b>	-				<b>X</b>	<b>1.00</b>
Sheet no. <u>1</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>2,325.24</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
<b>AT&amp;T Yellow Pages</b> <b>c/o McCarthy, Burgess &amp; Wolf</b> <b>2600 Cannon Road</b> <b>Bedford, OH 44146</b>	-	<b>2012</b> <b>Business Debt</b>				<b>1,296.33</b>
<b>Account No. xxxxx-xxxx-xx-4619</b> <b>BAC Home Loans Servicing, LP</b> <b>c/o Unterberg &amp; Associates, P.C.</b> <b>8050 Cleveland Place</b> <b>Merrillville, IN 46410</b>	-	<b>2004</b> <b>Business Debt</b>			X	<b>1.00</b>
<b>Account No. xxxxx-xxxx-xx-9165</b> <b>BAC Home Loans Servicing, LP</b> <b>c/o Reisenfeld &amp; Associates, LPA LLC</b> <b>3962 Red Bank Road</b> <b>Cincinnati, OH 45227</b>	-	<b>2004</b> <b>Business Debt</b>			X	<b>1.00</b>
<b>Account No. xxxxx-xxxx-xx-9951</b> <b>BAC Home Loans Servicing, LP</b> <b>c/o Unterberg &amp; Associates, P.C.</b> <b>8050 Cleveland Place</b> <b>Merrillville, IN 46410</b>	-	<b>2004</b> <b>Business Debt</b>			X	<b>1.00</b>
<b>Account No.</b> <b>Bank of America</b> <b>P.O. Box 982235</b> <b>El Paso, TX 79998</b>	-	<b>1998</b> <b>Credit Card</b>				<b>17,957.00</b>
Sheet no. <b>2</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>19,256.33</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>9491</b>  <b>Barclys Bank / Spirit</b> <b>P.O. Box 8803</b> <b>Wilmington, DE 19899</b>	-	<b>2008</b> <b>Credit Card</b>				<b>350.37</b>
Account No.  <b>Bench Mark Merchant Services</b> <b>4053 Maple Road</b> <b>Suite 199</b>	-	<b>2012</b> <b>Business Debt</b>			<b>X</b>	<b>1.00</b>
Account No.  <b>Brown Insurance Group</b> <b>Merchant Funding Solutions</b> <b>3 Johanna Blvd</b> <b>Pittstown, NJ 08867</b>	-	<b>2012</b> <b>Business Debt</b>			<b>X</b>	<b>1.00</b>
Account No.  <b>Business Financial Services</b> <b>3111 N. University Drive</b> <b>Suite 800</b> <b>Pompano Beach, FL 33065</b>	-	<b>2012</b> <b>Business Debt</b>			<b>X</b>	<b>1.00</b>
Account No.  <b>Teller Levit &amp; Silvertrust</b> <b>19 South LaSalle Street</b> <b>Suite 701</b> <b>Chicago, IL 60603</b>		<b>Representing:</b> <b>Business Financial Services</b>				<b>Notice Only</b>
Sheet no. <b>3</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>353.37</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Larry Norbert Luebcke

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxx2118</b>		<b>2012 Business Debt</b>				<b>235.00</b>
<b>C&amp;W Account c/o Caine &amp; Weiner 1699 East Woodfield Road Schaumburg, IL 60173</b>	-					
Account No. <b>5095</b>		<b>2009 Credit Card</b>				<b>1,107.00</b>
<b>Capital One P.O. Box 30281 Salt Lake City, UT 84130</b>	-					
Account No. <b>xxxx-xxxx-xxxx-2343</b>		<b>1999 Credit Card</b>				<b>431.10</b>
<b>Capital One P.O. Box 30281 Salt Lake City, UT 84130</b>	-					
Account No. <b>3700</b>		<b>2006 Credit Card</b>				<b>2,890.00</b>
<b>Capital One P.O. Box 30281 Salt Lake City, UT 84130</b>	-					
Account No.		<b>2012 Business Debt</b>			<b>X</b>	<b>1.00</b>
<b>Cedar Bay Yacht Club 705 E. Elkcan Circle Marco Island, FL 34145</b>	-					
Sheet no. <u>4</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>4,664.10</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xxxxxxxxxxxx6952</b>  <b>Chase</b> <b>PO Box 15298</b> <b>Wilmington, DE 19850</b>	-	<b>2007</b> <b>Credit Card</b>				<b>38,591.00</b>
Account No.  <b>Weltman, Weinberg, &amp; Reis Co.</b> <b>525 Vine Street</b> <b>Ste 800</b> <b>Cincinnati, OH 45202</b>		<b>Representing:</b> <b>Chase</b>				<b>Notice Only</b>
Account No. <b>xxxx-xxxx-xxxx-1252</b>  <b>Chase</b> <b>PO Box 94014</b> <b>Palatine, IL 60094-4014</b>	-	<b>2011</b> <b>Credit Card</b>				<b>28,822.00</b>
Account No.  <b>Brachfeld Law Group</b> <b>880 Apollo Street</b> <b>Suite 155</b> <b>El Segundo, CA 90245</b>		<b>Representing:</b> <b>Chase</b>				<b>Notice Only</b>
Account No.  <b>LVNV Funding</b> <b>PO Box 10584</b> <b>Greenville, SC 29603</b>		<b>Representing:</b> <b>Chase</b>				<b>Notice Only</b>
Sheet no. <b>5</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>67,413.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>Wright &amp; Lerch</b> <b>2001 Reed Road</b> <b>Suite 100</b> <b>Fort Wayne, IN 46815</b>		<b>Representing:</b> <b>Chase</b>				<b>Notice Only</b>
Account No. <b>xxxxxxxx5916</b>  <b>Chase</b> <b>c/o Weltman Weinberg &amp; Reis</b> <b>323 W. Lakeside Avenue</b> <b>Suite 200</b> <b>Cleveland, OH 44113</b>	-	<b>2009</b> <b>Business Debt</b>				<b>43,088.32</b>
Account No. <b>xxxx-xxxx-xxxx-6155</b>  <b>Chase Bank, USA</b> <b>P.O. Box 94014</b> <b>Palatine, IL 60094-4014</b>	-	<b>2008</b> <b>Business Debt</b>				<b>16,821.25</b>
Account No.  <b>B&amp;T Financial Services, LLC</b> <b>211 Perry Parkway Suite 6</b> <b>Gaithersburg, MD 20877</b>		<b>Representing:</b> <b>Chase Bank, USA</b>				<b>Notice Only</b>
Account No.  <b>Commodore Condo Apts Inc.</b> <b>c/o Randall K. Rogers &amp; Associates</b> <b>621 NW 53rd Street</b> <b>Ste 300</b> <b>Boca Raton, FL 33487</b>	-	<b>Association Fees</b>				<b>7,958.96</b>
Sheet no. <b>6</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>67,868.53</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Continental Central Credit</b> <b>P.O. Box 131120</b> <b>Carlsbad, CA 92013</b>		<b>Representing:</b> <b>Commodore Condo Apts Inc.</b>				<b>Notice Only</b>
Account No. <b>xxxxx8116</b>		<b>2012</b> <b>Business Debt</b>			<b>X</b>	<b>1.00</b>
<b>Dex</b> <b>P.O. Box 9001401</b> <b>Louisville, KY 40290-1401</b>	-					
Account No.		<b>2012</b> <b>Business Debt</b>			<b>X</b>	<b>1.00</b>
<b>DirectTV</b> <b>P.O. Box 5392</b> <b>Miami, FL 33152-5392</b>	-					
Account No.		<b>Representing:</b> <b>DirectTV</b>				<b>Notice Only</b>
<b>RMS</b> <b>240 Emery Street</b> <b>PO Box 20410</b> <b>Lehigh Valley, PA 18002</b>						
Account No. <b>xxxxxxxxxxxx3059</b>		<b>1986</b> <b>Credit Card</b>				<b>9,324.00</b>
<b>Discover</b> <b>P.O. Box 15316</b> <b>Wilmington, DE 19850</b>	<b>X -</b>					
Sheet no. <b>7</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>9,326.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
<b>Capital Managment Services</b> <b>726 Exchange Street</b> <b>Suite 700</b> <b>Buffalo, NY 14210</b>		<b>Representing:</b> <b>Discover</b>				<b>Notice Only</b>
<b>Account No. 2344</b> <b>Doubletree Estates Homeowners</b> <b>Assoc.</b> <b>3408 Enterprise Avenue</b> <b>Valparaiso, IN 46383</b>	-	<b>2014</b> <b>Association Dues</b>				<b>1,035.00</b>
<b>Account No.</b> <b>Douglas Kvachkoff</b> <b>Attorney at Law</b> <b>325 N. Main Street</b> <b>Crown Point, IN 46307</b>	-	<b>2013-14</b> <b>Business Debt</b>				<b>4,403.89</b>
<b>Account No.</b> <b>EC Sales, Inc.</b> <b>8337 Indianapolis Blvd</b> <b>Highland, IN 46322</b>	-	<b>2012</b> <b>Business Debt</b>			<b>X</b>	<b>1.00</b>
<b>Account No.</b> <b>Economy Signs Inc.</b> <b>546 Conkey Street</b> <b>Hammond, IN 46324</b>	-	<b>2012</b> <b>Business Debt</b>				<b>600.00</b>
Sheet no. <b>8</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>6,039.89</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>2012 Business Debt</b>				
<b>Empire Cooler Service Inc. 940 W. Chicago Chicago, IL 60642</b>	-				<b>X</b>	<b>1.00</b>
Account No.		<b>2012 Business Debt</b>				
<b>FAMILY FLYER INC P.O. BOX 1004 Crown Point, IN 46308</b>	-				<b>X</b>	<b>1.00</b>
Account No. <b>xxxx-x366-1</b>		<b>2010 Business Debt</b>				
<b>Federal Express c/o Synter Resource Group P.O. Box 63247 North Charleston, SC 29419-3247</b>	-					<b>96.62</b>
Account No. <b>xxxxxxxx3323</b>		<b>2012 Business Debt</b>				
<b>Fifth Third Bank P.O. Box 630337 Cincinnati, OH 45263</b>	-				<b>X</b>	<b>1.00</b>
Account No.		<b>2012 Lease</b>				
<b>First Data P.O. Box 173845 Denver, CO 80217</b>	-					<b>21,183.00</b>
Sheet no. <b>9</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>21,282.62</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xxxx-xxxx-xxxx-6631</b>  <b>First Equity Card Corp</b> <b>PO Box 23029</b> <b>Columbus, GA 31902</b>	-	<b>2010 Credit Card</b>				<b>9,741.99</b>
Account No.  <b>Velocity</b> <b>P.O. Box 788</b> <b>Belmar, NJ 07719</b>		<b>Representing: First Equity Card Corp</b>				<b>Notice Only</b>
Account No.  <b>First Midwest Bank</b> <b>P.O. Box 9003</b> <b>Gurnee, IL 60031-9003</b>	-	<b>2012 Business Debt</b>			<b>X</b>	<b>1.00</b>
Account No. <b>xxxxx-xxxx-xF-372</b>  <b>First National Bank of Illinois</b> <b>c/o Rubino Ruman Crosmer Smith</b> <b>Sersic</b> <b>275 Joliet Street</b> <b>Ste 330</b> <b>Dyer, IN 46311</b>	-	<b>2007 Business Debt</b>				<b>1,349,701.40</b>
Account No.  <b>Francisian St. Anthony</b> <b>35306 Eagle Way</b> <b>Chicago, IL 60678-1353</b>	-	<b>2012 Medical Bill</b>			<b>X</b>	<b>1.00</b>
Sheet no. <b>10</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>1,359,445.39</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>GE Money Bank</b> <b>PO Box 981437</b> <b>El Paso, TX 79998-1438</b>	-		<b>2011</b> <b>Credit Card</b>			<b>8,177.00</b>
Account No.						
<b>Midland Funding</b> <b>8875 Aero Drive</b> <b>San Diego, CA 92123</b>			<b>Representing:</b> <b>GE Money Bank</b>			<b>Notice Only</b>
Account No. <b>xxxx9844</b>						
<b>Green Tree</b> <b>7360 South Kyrene Road</b> <b>Tempe, AZ 85283-4583</b>	-		<b>2012</b> <b>Business Debt</b>			<b>12,886.25</b>
Account No.						
<b>Griffith Sewer &amp; Water Dept.</b> <b>111 N. Broad Street</b> <b>Griffith, IN 46319</b>	-		<b>2012</b> <b>Business Debt</b>		<b>X</b>	<b>1.00</b>
Account No. <b>xxxx5807</b>						
<b>Home Page</b> <b>P.O. Box 982</b> <b>DeKalb, IL 60115</b>	-		<b>2012</b> <b>Business Debt</b>		<b>X</b>	<b>1.00</b>
Sheet no. <u>11</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>21,065.25</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxxxx0800</b>		<b>2011/2012 Business Debt</b>				<b>302.85</b>
<b>John Stanish Frst Midwest Bank Building St. 818 5231 Hohman Ave. Hammond, IN 46320</b>	-					
Account No.		<b>2012 Business Debt</b>				<b>1.00</b>
<b>Kapps Plumbing 90 E. Marquardt Drive Wheeling, IL 60090-6424</b>	-				<b>X</b>	
Account No.		<b>2012 Business Debt</b>				<b>1.00</b>
<b>Lesniak Roofing Inc. 1646 Chalone Ct Crown Point, IN 46307</b>	-				<b>X</b>	
Account No.		<b>2011</b>				<b>53,770.00</b>
<b>LVNV Funding PO Box 10584 Greenville, SC 29603</b>	-					
Account No.		<b>Representing: LVNV Funding</b>				<b>Notice Only</b>
<b>Financial Recovery Service Inc. PO Box 385908 Minneapolis, MN 55438</b>						
Sheet no. <b>12</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>54,074.85</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
<b>Richard Boudreau &amp; Assoc</b> <b>6 Manor Parkway</b> <b>Salem, NH 03079</b>		<b>Representing:</b> <b>LVNV Funding</b>				<b>Notice Only</b>
Account No.		<b>2011</b>				
<b>LVNV Funding</b> <b>PO Box 10584</b> <b>Greenville, SC 29603</b>	-					<b>28,821.56</b>
Account No.						
<b>LVNV Funding</b> <b>PO Box 10584</b> <b>Greenville, SC 29603</b>		<b>Representing:</b> <b>LVNV Funding</b>				<b>Notice Only</b>
Account No.						
<b>Stenger &amp; Stenger</b> <b>2618 E. Paris Avenue SE</b> <b>Grand Rapids, MI 49546</b>		<b>Representing:</b> <b>LVNV Funding</b>				<b>Notice Only</b>
Account No. <b>xxxxx-xxxx-xC-173</b>		<b>2011</b> <b>Medical Bill</b>				
<b>Methodist Hosptial</b> <b>c/o Hodges &amp; Davis</b> <b>8700 Broadway</b> <b>Merrillville, IN 46410</b>	-					<b>31,582.20</b>
Sheet no. <b>13</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page)
						<b>60,403.76</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. <b>xxx1728</b>		<b>2012 Business Debt</b>				<b>7,000.00</b>	
<b>Meyers 100 N. Griffith Blvd Griffith, IN 46319-2154</b>	-						
Account No.		<b>Representing: Meyers</b>				<b>Notice Only</b>	
<b>William Fine 2833 Lincoln Street Highland, IN 46322</b>							
Account No.		<b>2012 Business Debt</b>				<b>2,688.88</b>	
<b>Nipsco PO Box 13007 Merrillville, IN 46411-3007</b>	-						
Account No.		<b>Representing: Nipsco</b>				<b>Notice Only</b>	
<b>Trustmark Recovery 541 Otis Bowen Drive Munster, IN 46321</b>							
Account No. <b>xxxxx-xxxx-xx-x0994</b>		<b>2/2013 Business Debt</b>				<b>1.00</b>	
<b>Novograder Co Inc. 5500 Cedar Point Drive Crown Point, IN 46307</b>	X -				X		
Sheet no. <b>14</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>	
						<b>9,689.88</b>	



B6F (Official Form 6F) (12/07) - Cont.

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Novograder Co Inc. 875 N. Michigan Avenue Chicago, IL 60611</b>		<b>Representing: Novograder Co Inc.</b>				<b>Notice Only</b>
Account No. <b>xxxxx-xxxx-xx-x0526</b>		<b>2012 Business Debt</b>				
<b>Performance Foods 8001 TPC Road Rock Island, IL 61204-7210</b>	-				<b>X</b>	<b>1.00</b>
Account No.						
<b>Anderson &amp; Anderson Barrister Court 9277 Broadway Merrillville, IN 46410</b>		<b>Representing: Performance Foods</b>				<b>Notice Only</b>
Account No.		<b>2008 Business Loan</b>				
<b>Pubspec, LLC c/o Paul Dombrowski 7528 Forest Hammond, IN 46324</b>	-					<b>12,669.00</b>
Account No. <b>xxxxx-xxxx-xx-x0108</b>		<b>2012 Business Debt/Judgment</b>				
<b>Roger Matthews c/o Ed Grimmer 603 N. Main Street Crown Point, IN 46307</b>	<b>X -</b>				<b>X</b>	<b>49,935.54</b>
Sheet no. <b>15</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>62,605.54</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xxxxxxxxxxxx8177</b>  <b>Sam's Club</b> <b>PO Box 530981</b> <b>Atlanta, GA 30353</b>	-	<b>2008 Business Debt</b>				<b>563.85</b>
Account No.  <b>NCO Financial Systems</b> <b>507 Prudential Rd</b> <b>Horsham, PA 19044</b>		<b>Representing: Sam's Club</b>				<b>Notice Only</b>
Account No.  <b>Scott Vankirk</b> <b>15755 N. Pointe Blvd</b> <b>Noblesville, IN 46060</b>	-	<b>2012 Business Debt</b>			<b>X</b>	<b>1.00</b>
Account No. <b>xx-xx7936</b>  <b>St. Anthony Hosptial</b> <b>c/o Neil J. Greene</b> <b>250 Parkway Drive</b> <b>Suite 160</b> <b>Lincolnshire, IL 60069</b>	-	<b>2012 Medical Bill</b>			<b>X</b>	<b>1.00</b>
Account No. <b>xx2622</b>  <b>Star Disposal</b> <b>P.O. Box 3598</b> <b>Munster, IN 46321</b>	-	<b>2012 Business Debt</b>				<b>187.70</b>
Sheet no. <b>16</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>753.55</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>MLA</b> <b>2860 River Road</b> <b>Suite 200</b> <b>Des Plaines, IL 60018</b>		<b>Representing:</b> <b>Star Disposal</b>				<b>Notice Only</b>
Account No. <b>xxxxx4087</b>		<b>2012</b> <b>Business Debt</b>				
<b>Star of Indiana</b> <b>c/o Brown &amp; Jospeh LTD</b> <b>P.O. Box 59838</b> <b>Schaumburg, IL 60159</b>	-					<b>125.13</b>
Account No.		<b>2012</b> <b>Business Debt</b>				
<b>Summerwood Apt.</b> <b>8300 Polo Club Drive</b> <b>Unit C-59</b> <b>Merrillville, IN 46410</b>	-				<b>X</b>	<b>1.00</b>
Account No.		<b>2012</b> <b>Business Debt</b>				
<b>Tri-Mark Marlin</b> <b>6100 W. 73rd Street</b> <b>Suite 1</b> <b>Chicago, IL 60638</b>	-				<b>X</b>	<b>1.00</b>
Account No.		<b>Representing:</b> <b>Tri-Mark Marlin</b>				<b>Notice Only</b>
<b>Rubin &amp; Levin</b> <b>500 Marott Center</b> <b>342 Massachusetts Avenue</b> <b>Indianapolis, IN 46204</b>						
Sheet no. <u>17</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>127.13</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.  <b>U&amp;H Excavating Company c/o Charlette L. VanderTuch 580 S. 500 W. Hebron, IN 46341</b>	-	<b>2012 Business Debt</b>				<b>773,604.00</b>
Account No.  <b>Underground Pipe &amp; Valve Inc. 1100 Prairie Ave South Bend, IN 46601</b>	-	<b>2012 Business Debt</b>			<b>X</b>	<b>1.00</b>
Account No. <b>xxxx-xxxx-xxxx-4413</b>  <b>US Bank P.O. Box 790084 Saint Louis, MO 63179-0084</b>	-	<b>2008 Business Debt</b>				<b>15,565.97</b>
Account No.  <b>Sage Capital Recovery 1040 Kings Highway Cherry Hill, NJ 08034</b>		<b>Representing: US Bank</b>				<b>Notice Only</b>
Account No.  <b>Vandrunen Supply c/o Efron &amp; Efron 5246 Hohman Aveue Hammond, IN 46320</b>	-	<b>2012 Business Debt</b>			<b>X</b>	<b>1.00</b>
Sheet no. <b>18</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>789,171.97</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xxxxx-xxxx-xx-x0307</b>  <b>Von Tobel Corporation</b> <b>c/o Douglas, Koeppen &amp; Hurley</b> <b>PO Box 209</b> <b>Valparaiso, IN 46383</b>	<b>X</b> -	<b>2012</b> <b>Business Debt</b>			<b>X</b>	<b>1.00</b>
Account No. <b>xxxxx-xxxx-xx-x0049</b>  <b>Wells Fargo</b> <b>3476 Stateview Blvd.</b> <b>Fort Mill, SC 29715</b>	-	<b>2/2013</b> <b>Business Debt</b>				<b>27,790.12</b>
Account No.  <b>H&amp;S Financial, Inc.</b> <b>PO Box 292774</b> <b>Lewisville, TX 75029</b>		<b>Representing:</b> <b>Wells Fargo</b>				<b>Notice Only</b>
Account No.  <b>Kevin Griesman</b> <b>100 W. Washington 5th Floor</b> <b>Phoenix, AZ 85003</b>		<b>Representing:</b> <b>Wells Fargo</b>				<b>Notice Only</b>
Account No.  <b>Primary Financial Services</b> <b>3115 North 3rd Avenue</b> <b>Suite 112</b> <b>Phoenix, AZ 85013</b>		<b>Representing:</b> <b>Wells Fargo</b>				<b>Notice Only</b>
Sheet no. <b>19</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>27,791.12</b>
Total (Report on Summary of Schedules)						<b>2,632,468.75</b>

B6G (Official Form 6G) (12/07)

In re Larry Norbert Luebcke

Case No. \_\_\_\_\_

Debtor

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,  
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.  
State whether lease is for nonresidential real property.  
State contract number of any government contract.

In re **Larry Norbert Luebcke**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Gregory Galgan</b> 11116 W. 189th Place Mokena, IL 60448	<b>Novograder Co Inc.</b> 5500 Cedar Point Drive Crown Point, IN 46307
<b>Homes of the 20th Century, Inc.</b> 10350 Doubletree Drive South Crown Point, IN 46307	<b>Roger Matthews</b> c/o Ed Grimmer 603 N. Main Street Crown Point, IN 46307
<b>Homes of the 20th Century, Inc.</b> 10350 Doubletree Drive South Crown Point, IN 46307	<b>Von Tobel Corporation</b> c/o Douglas, Koeppen & Hurley PO Box 209 Valparaiso, IN 46383
<b>Lynn Luebcke</b> 10350 Doubletree Drive South Crown Point, IN 46307	<b>American Honda</b> 1030 Cambridge Square Alpharetta, GA 30201
<b>Lynn Luebcke</b> 10350 Doubletree Drive South Crown Point, IN 46307	<b>Capital One NA</b> PO Box 21887 Saint Paul, MN 55121
<b>Lynn Luebcke</b> 10350 Doubletree Drive South Crown Point, IN 46307	<b>Discover</b> P.O. Box 15316 Wilmington, DE 19850
<b>Ron &amp; Michelle Burget</b> 10761 Broadway Crown Point, IN 46307	<b>Novograder Co Inc.</b> 5500 Cedar Point Drive Crown Point, IN 46307

Fill in this information to identify your case:

Debtor 1 Larry Norbert Luebcke

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANA

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form B 6I

## Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Employment

## 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

## Employment status

## Occupation

## Employer's name

## Employer's address

## How long employed there?

## Debtor 1

- ☒ Employed
- ☐ Not employed

Self-employed/Contractor

Homes 20th Century

10350 Doubletree Drive South  
Crown Point, IN 46307

15 years

## Debtor 2 or non-filing spouse

- ☒ Employed
- ☐ Not employed

RN

Methodist Hospital

600 Grant Street  
Gary, IN 46402

12 years

## Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. <b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>3,772.17</u>
3. <b>Estimate and list monthly overtime pay.</b>	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. <b>Calculate gross income.</b> Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>3,772.17</u>



Debtor 1 **Larry Norbert Luebcke**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ <b>0.00</b>	\$ <b>3,772.17</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>0.00</b>	\$ <b>997.95</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>0.00</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>0.00</b>
5e. Insurance	5e. \$ <b>0.00</b>	\$ <b>0.00</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. Other deductions. Specify: _____	5h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>0.00</b>	\$ <b>997.95</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>0.00</b>	\$ <b>2,774.22</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>0.00</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>0.00</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>0.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <b>0.00</b>	\$ <b>0.00</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
8h. Other monthly income. Specify: _____	8h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>0.00</b>	\$ <b>0.00</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>0.00</b> + \$ <b>2,774.22</b>	= \$ <b>2,774.22</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____		
	11. +\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related Data, if it applies	12. \$ <b>2,774.22</b>	<b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1 Larry Norbert Luebcke

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANA

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

## Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Your Household

## 1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2. ☒ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son22

☐ No

☒ Yes

Wife47

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

## Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6L.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,195.00

## If not included in line 4:

4a. Real estate taxes

4a. \$ 108.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 74.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 50.00

## 5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Larry Norbert Luebcke**

Case number (if known)

6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <u>180.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>25.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>137.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>500.00</u>
8. <b>Childcare and children's education costs</b>	8. \$ <u>0.00</u>
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>25.00</u>
10. <b>Personal care products and services</b>	10. \$ <u>20.00</u>
11. <b>Medical and dental expenses</b>	11. \$ <u>150.00</u>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>190.00</u>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>50.00</u>
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>20.00</u>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>50.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).</b>	18. \$ <u>0.00</u>
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <u>0.00</u>
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. <b>Other:</b> Specify: _____	21. +\$ <u>0.00</u>
22. <b>Your monthly expenses.</b> Add lines 4 through 21. The result is your monthly expenses.	22. \$ <u>2,774.00</u>
23. <b>Calculate your monthly net income.</b>	
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$ <u>2,774.22</u>
23b. Copy your monthly expenses from line 22 above.	23b. -\$ <u>2,774.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>0.22</u>
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes. Explain: _____	

B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court  
Northern District of Indiana**

In re **Larry Norbert Luebcke**

Debtor(s)

Case No.  
Chapter

**7**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **38** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **February 18, 2014**

Signature **/s/ Larry Norbert Luebcke**

**Larry Norbert Luebcke**

Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
Northern District of Indiana**

In re Larry Norbert Luebcke

Debtor(s)

Case No.

Chapter

7

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

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**1. Income from employment or operation of business**

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

**\$0.00**

SOURCE

**2013 YTD: 20th Century Homes****\$68,557.00****2012: 20th Century Homes****\$49,077.00****2011: 20th Century Homes**


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**2. Income other than from employment or operation of business**

None

☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

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**3. Payments to creditors**None ☒ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☐ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
<b>Merrill Lynch (Florida Mortgage) 3992 Bishopwood Court Naples, FL 34114</b>	<b>Monthly</b>	<b>\$1,196.00</b>	<b>\$230,000.00</b>

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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**4. Suits and administrative proceedings, executions, garnishments and attachments**

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>American Express Bank, FSB vs. Larry Luebcke 45D03-1007-CC-702</b>	<b>Collection</b>	<b>Lake Superior Court Crown Point, IN</b>	<b>Pending</b>
<b>First National Bank of Illinois vs. Larry Luebcke, et al. 45D01-1003-PL-022</b>	<b>Collection</b>	<b>Lake Superior Court Hammond, IN</b>	<b>Judgment</b>
<b>Harris vs. Homes of the 20th Century Inc., Larry J. Luebcke et al. 45D01-0907-MF-294</b>	<b>Foreclosure</b>	<b>Lake Superior Court Crown Point, IN</b>	<b>Pending</b>
<b>BAC Home Loans Servicing, LP vs. Larry Luebcke et al. 64D05-1105-MF-4619</b>	<b>Foreclosure</b>	<b>Porter County Superior Court Valparaiso, IN</b>	<b>Judgment</b>

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>BAC Home Loans Servicing, LP f/k/a Countrywide Home Loans Servicing, L.P. vs. Larry Luebcke et al. 64D01-1008-MF-9165</b>	<b>Foreclosure</b>	<b>Porter County Superior Court Valparaiso, IN</b>	<b>Judgment</b>
<b>BAC Home Loans Servicing, LP vs. Larry Luebcke et al. 64D02-1009-MF-9951</b>	<b>Foreclosure</b>	<b>Porter County Superior Court Valparaiso, IN</b>	<b>Judgment</b>
<b>Larry Luebcke vs. Barbereen Sexton et al 45D05-1108-PL-00082</b>	<b>Collection</b>	<b>Lake County Superior Court Hammond, IN</b>	<b>Judgment</b>
<b>Wells Fargo Bank, N.A. vs. Larry Luebcke 45D10-1302-MF-00049</b>	<b>Foreclosure</b>	<b>Lake County Circuit Court Crown Point, IN</b>	<b>Pending</b>
<b>Roger Matthews vs. Larry Luebcke et al. 45C01-1210-PL-00108</b>	<b>Collection</b>	<b>Lake County Circuit Court Crown Point, IN</b>	<b>Judgment</b>
<b>Crown Block Inc. et al. vs. Larry Luebcke et al. 45C01-8407-CV-03076</b>	<b>Collection</b>	<b>Lake County Circuit Court Crown Point, IN</b>	<b>Pending</b>
<b>Novograder CO Inc. vs Larry Luebcke et al. 45D08-1302-SC-00994</b>	<b>Collection</b>	<b>Lake Superior Court Crown Point, IN</b>	<b>Pending</b>
<b>Von Tobel Corporation vs. Larry Luebcke et al. 45D05-1208-MF-00307 - Old Cause No. 45D05-1303-PL-00028 - New Cause No.</b>	<b>Foreclosure</b>	<b>Lake Superior Court Hammond, IN</b>	<b>Pending</b>
<b>LVNV Funding v. Larry Luebcke 45D03-1310-CC-1319</b>	<b>Collection</b>	<b>Superior Court for the County of Lake State of Indian</b>	<b>Pending</b>
<b>Capital One, N.A. vs. Larry Luebcke 45D11-1311-MF-314</b>	<b>Foreclosure</b>	<b>Lake Superior Court Crown Point, IN</b>	<b>Pending</b>

None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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#### 5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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#### 6. Assignments and receiverships

None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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**7. Gifts**

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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**8. Losses**

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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**9. Payments related to debt counseling or bankruptcy**

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Daniel L. Freeland & Assoc., P.C. 9105 Indianapolis Blvd. Highland, IN 46322		\$5,000.00

**10. Other transfers**

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
Dralle Chevrolet & Buick 103 North Harlem Peotone, IL 60468 Dealer	5/18/13	2008 Nissan Altima used as trade in to purchase 2007 Cadillac STS

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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**11. Closed financial accounts**

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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**12. Safe deposit boxes**

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
First Midwest Bank	Lynn Luebcke-Debtor's Spouse 3992 Bishopwood Ct East Naples, Florida 34114	Paperwork & documents	11 - 2013
Wachovia Bank	Lynn Luebcke-Debtor's Spouse 3992 Bishopwood Ct East Naples, Florida 34114	Paperwork & documents	9 - 2013

**13. Setoffs**

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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**14. Property held for another person**

- None ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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**15. Prior address of debtor**

- None ☒ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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**16. Spouses and Former Spouses**

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

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**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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**18. Nature, location and name of business**

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Homes of the 20th Century, Inc.		10350 Doubletree Drive South Crown Point, IN 46307	General Contractor	1998-January 2013
Homes by Lynn		10350 Doubletree Drive South Crown Point, IN 46307	Construction	1999- Present

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NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
El Tambien d/b/a Tequila Restaurante	01-0970519	2970 E 181st Ave Hebron, IN 46341	Restaurant	1/1/2010-3/1/13
Papazzzi	26-0769434	13 E Lincolnway Valparaiso, IN 46383	Restaurant	1998-1/1/11
Picasso Restaurant	27-0766179	10200 Doubletree Dr S Crown Point, IN 46307	Restaurant	6/8/09 - 9/14/2010

None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS  
**Bookworks South**  
**1050 E Commercial Ave**  
**Lowell, IN 46356**

DATES SERVICES RENDERED  
**Supervised books for Homes of the 20th**  
**Century from 1998-January 2013**

**Mike Michlin**  
**729 N. Princeton**  
**Villa Park, IL 60181**

**Supervised books for Tequila**  
**Restaurante from 2010-Present**

None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS DATES SERVICES RENDERED

None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

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**20. Inventories**

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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- None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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**21. Current Partners, Officers, Directors and Shareholders**

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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**22. Former partners, officers, directors and shareholders**

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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**23. Withdrawals from a partnership or distributions by a corporation**

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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**24. Tax Consolidation Group.**

- None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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**25. Pension Funds.**

None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \*

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date February 18, 2014

Signature /s/ Larry Norbert Luebcke  
**Larry Norbert Luebcke**  
 Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

B8 (Form 8) (12/08)

**United States Bankruptcy Court**  
**Northern District of Indiana**

In re Larry Norbert Luebcke

Debtor(s)

Case No.

Chapter

7

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
<b>Creditor's Name:</b> <b>Capital One NA</b>	<b>Describe Property Securing Debt:</b> <b>10350 Doubletree Drive South</b> <b>Crown Point IN 46307</b>
Property will be (check one): <input checked="" type="checkbox"/> Surrendered <span style="margin-left: 150px;"><input type="checkbox"/> Retained</span>	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input type="checkbox"/> Claimed as Exempt <span style="margin-left: 150px;"><input checked="" type="checkbox"/> Not claimed as exempt</span>	

Property No. 2	
<b>Creditor's Name:</b> <b>First National Bank of Illinois</b>	<b>Describe Property Securing Debt:</b> <b>10350 Doubletree Drive South</b> <b>Crown Point IN 46307</b>
Property will be (check one): <input checked="" type="checkbox"/> Surrendered <span style="margin-left: 150px;"><input type="checkbox"/> Retained</span>	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input type="checkbox"/> Claimed as Exempt <span style="margin-left: 150px;"><input checked="" type="checkbox"/> Not claimed as exempt</span>	

B8 (Form 8) (12/08)

Page 2

Property No. 3	
<b>Creditor's Name:</b> <b>Merrill Lynch</b>	<b>Describe Property Securing Debt:</b> <b>3992 Bishopwood Court E Apt 202</b> <b>Naples, FL 34114</b>
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained  If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).  Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 4	
<b>Creditor's Name:</b> <b>PNC Bank</b>	<b>Describe Property Securing Debt:</b> <b>10350 Doubletree Drive South</b> <b>Crown Point IN 46307</b>
Property will be (check one): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained  If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).  Property is (check one): <input type="checkbox"/> Claimed as Exempt <input checked="" type="checkbox"/> Not claimed as exempt	

B8 (Form 8) (12/08)

Page 3

Property No. 5	
<b>Creditor's Name:</b> Wells Fargo	<b>Describe Property Securing Debt:</b> 605 E. Elm Street Griffith, IN
Property will be (check one): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained  If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).  Property is (check one): <input type="checkbox"/> Claimed as Exempt <input checked="" type="checkbox"/> Not claimed as exempt	

**PART B** - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
<b>Lessor's Name:</b> -NONE-	<b>Describe Leased Property:</b>	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date February 18, 2014
 Signature /s/ Larry Norbert Luebcke  
 Larry Norbert Luebcke  
 Debtor



**United States Bankruptcy Court  
Northern District of Indiana**

In re Larry Norbert Luebcke

Debtor(s)

Case No.  
Chapter7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
 

For legal services, I have agreed to accept .....	\$	<u>5,000.00</u>
Prior to the filing of this statement I have received .....	\$	<u>5,000.00</u>
Balance Due .....	\$	<u>0.00</u>
2. The source of the compensation paid to me was:
 

☒ Debtor      ☐ Other (specify):
3. The source of compensation to be paid to me is:
 

☒ Debtor      ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
  - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
 

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: February 18, 2014/s/ Frederick L. Carpenter

**Frederick L. Carpenter  
Daniel L. Freeland & Associates, P.C.  
9105 Indianapolis Boulevard  
Highland, IN 46322  
219.922.0800 Fax: 219.922.1261  
dlf9601b@aol.com**

**United States Bankruptcy Court  
Northern District of Indiana**

In re **Larry Norbert Luebcke**

Debtor(s)

Case No.

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: **February 18, 2014**

**/s/ Larry Norbert Luebcke**

**Larry Norbert Luebcke**

Signature of Debtor

ACN  
1000 PROGRESS PLACE  
CONCORD, NC 28025

ACTION PLUMBING  
11339 CALUMET AVENUE  
DYER, IN 46311

ADVANTA BANK CORP  
P.O. BOX 8088  
PHILADELPHIA, PA 19101

AMERICAN EXPRESS  
PO BOX 918537  
EL PASO, TX 79998

AMERICAN EXPRESS  
ESTABLISHMENT SERVICES  
P.O. BOX 53773  
PHOENIX, AZ 85072-3773

AMERICAN HONDA  
1030 CAMBRIDGE SQUARE  
ALPHARETTA, GA 30201

AMERICAN MARKETING  
C/O TRANSWORLD SYSTEMS  
507 PRUDENTIAL ROAD  
HORSHAM, PA 19044

ANDERSON & ANDERSON  
BARRISTER COURT  
9277 BROADWAY  
MERRILLVILLE, IN 46410

ASSET MANAGEMENT CONSULTANTS  
C/O GONZALEZ SAGGIO HARLAN  
135 N. PENNSYLVANIA STREET  
SUITE 1740  
INDIANAPOLIS, IN 46204

AT&T  
P.O. BOX 5093  
CAROL STREAM, IL 60197-5093

AT&T YELLOW PAGES  
C/O MCCARTHY, BURGESS & WOLF  
2600 CANNON ROAD  
BEDFORD, OH 44146

B&T FINANCIAL SERVICES, LLC  
211 PERRY PARKWAY SUITE 6  
GAITHERSBURG, MD 20877

BAC HOME LOANS SERVICING, LP  
C/O UNTERBERG & ASSOCIATES, P.C.  
8050 CLEVELAND PLACE  
MERRILLVILLE, IN 46410

BAC HOME LOANS SERVICING, LP  
C/O REISENFELD & ASSOCIATES, LPA LLC  
3962 RED BANK ROAD  
CINCINNATI, OH 45227

BANK OF AMERICA  
P.O. BOX 982235  
EL PASO, TX 79998

BARCLYS BANK / SPIRIT  
P.O. BOX 8803  
WILMINGTON, DE 19899

BENCH MARK MERCHANT SERVICES  
4053 MAPLE ROAD  
SUITE 199

BRACHFELD LAW GROUP  
880 APOLLO STREET  
SUITE 155  
EL SEGUNDO, CA 90245

BROWN INSURANCE GROUP  
MERCHANT FUNDING SOLUTIONS  
3 JOHANNA BLVD  
PITTSTOWN, NJ 08867

BUSINESS FINANCIAL SERVICES  
3111 N. UNIVERSITY DRIVE  
SUITE 800  
POMPANO BEACH, FL 33065

C&W ACCOUNT  
C/O CAINE & WEINER  
1699 EAST WOODFIELD ROAD  
SCHAUMBURG, IL 60173

CAPITAL MANAGMENT SERVICES  
726 EXCHANGE STREET  
SUITE 700  
BUFFALO, NY 14210

CAPITAL ONE  
P.O. BOX 30281  
SALT LAKE CITY, UT 84130

CAPITAL ONE NA  
PO BOX 21887  
SAINT PAUL, MN 55121

CARLA PYLE  
C/O RUBINO & RUMAN  
275 JOLIET STREET #330  
DYER, IN 46311

CEDAR BAY YACHT CLUB  
705 E. ELKCAN CIRCLE  
MARCO ISLAND, FL 34145

CHASE  
PO BOX 15298  
WILMINGTON, DE 19850

CHASE  
PO BOX 94014  
PALATINE, IL 60094-4014

CHASE  
C/O WELTMAN WEINBERG & REIS  
323 W. LAKESIDE AVENUE  
SUITE 200  
CLEVELAND, OH 44113

CHASE BANK, USA  
P.O. BOX 94014  
PALATINE, IL 60094-4014

COMMODORE CONDO APTS INC.  
C/O RANDALL K. ROGERS & ASSOCIATES  
621 NW 53RD STREET  
STE 300  
BOCA RATON, FL 33487

CONTINENTAL CENTRAL CREDIT  
P.O. BOX 131120  
CARLSBAD, CA 92013

DEX  
P.O. BOX 9001401  
LOUISVILLE, KY 40290-1401

DIRECTTV  
P.O. BOX 5392  
MIAMI, FL 33152-5392

DISCOVER  
P.O. BOX 15316  
WILMINGTON, DE 19850

DOUBLETREE ESTATES HOMEOWNERS ASSOC.  
3408 ENTERPRISE AVENUE  
VALPARAISO, IN 46383

DOUGLAS KVACHKOFF  
ATTORNEY AT LAW  
325 N. MAIN STREET  
CROWN POINT, IN 46307

EC SALES, INC.  
8337 INDIANAPOLIS BLVD  
HIGHLAND, IN 46322

ECONOMY SIGNS INC.  
546 CONKEY STREET  
HAMMOND, IN 46324

EMPIRE COOLER SERVICE INC.  
940 W. CHICAGO  
CHICAGO, IL 60642

FAMILY FLYER INC  
P.O. BOX 1004  
CROWN POINT, IN 46308

FEDERAL EXPRESS  
C/O SYNTER RESOURCE GROUP  
P.O. BOX 63247  
NORTH CHARLESTON, SC 29419-3247

FEIWELL & HANNOY P.C.  
251 N. ILLINOIS STREET  
STE 1700  
INDIANAPOLIS, IN 46204-1944

FIFTH THIRD BANK  
P.O. BOX 630337  
CINCINNATI, OH 45263

FINANCIAL RECOVERY SERVICE INC.  
PO BOX 385908  
MINNEAPOLIS, MN 55438

FIRST DATA  
P.O. BOX 173845  
DENVER, CO 80217

FIRST EQUITY CARD CORP  
PO BOX 23029  
COLUMBUS, GA 31902

FIRST MIDWEST BANK  
P.O. BOX 9003  
GURNEE, IL 60031-9003

FIRST NATIONAL BANK OF ILLINOIS  
C/O RUBINO RUMAN CROSMER SMITH SERSIC  
275 JOLIET STREET  
STE 330  
DYER, IN 46311

FIRST NATIONAL BANK OF ILLINOIS  
3256 RIDGE ROAD  
LANSING, IL 60438

FRANCISIAN ST. ANTHONY  
35306 EAGLE WAY  
CHICAGO, IL 60678-1353

GE MONEY BANK  
PO BOX 981437  
EL PASO, TX 79998-1438

GREEN TREE  
7360 SOUTH KYRENE ROAD  
TEMPE, AZ 85283-4583

GREGORY GALGAN  
11116 W. 189TH PLACE  
MOKENA, IL 60448



GRIFFITH SEWER & WATER DEPT.  
111 N. BROAD STREET  
GRIFFITH, IN 46319

H&S FINANCIAL, INC.  
PO BOX 292774  
LEWISVILLE, TX 75029

HOME PAGE  
P.O. BOX 982  
DEKALB, IL 60115

HOMES OF THE 20TH CENTURY, INC.  
10350 DOUBLETREE DRIVE SOUTH  
CROWN POINT, IN 46307

INDIANA DEPARTMENT OF REVENUE  
BK SECTION N-240  
100 NORTH SENATE AVENUE  
INDIANAPOLIS, IN 46204

JOHN STANISH  
FRST MIDWEST BANK BUILDING ST. 818  
5231 HOHMAN AVE.  
HAMMOND, IN 46320

KAPPS PLUMBING  
90 E. MARQUARDT DRIVE  
WHEELING, IL 60090-6424

KEVIN GRIESMAN  
100 W. WASHINGTON 5TH FLOOR  
PHOENIX, AZ 85003

LESNIAK ROOFING INC.  
1646 CHALONE CT  
CROWN POINT, IN 46307

LVNV FUNDING  
PO BOX 10584  
GREENVILLE, SC 29603

LYNN LUEBCKE  
10350 DOUBLETREE DRIVE SOUTH  
CROWN POINT, IN 46307

MERRILL LYNCH  
4 WORLD FINANCIAL CENTER  
250 VESEY STREET  
NEW YORK, NY 10080

METHODIST HOSPITAL  
C/O HODGES & DAVIS  
8700 BROADWAY  
MERRILLVILLE, IN 46410

MEYERS  
100 N. GRIFFITH BLVD  
GRIFFITH, IN 46319-2154

MIDLAND FUNDING  
8875 AERO DRIVE  
SAN DIEGO, CA 92123

MLA  
2860 RIVER ROAD  
SUITE 200  
DES PLAINES, IL 60018

NCO FINANCIAL SYSTEMS  
507 PRUDENTIAL RD  
HORSHAM, PA 19044

NIPSCO  
PO BOX 13007  
MERRILLVILLE, IN 46411-3007

NOVOGRADER CO INC.  
5500 CEDAR POINT DRIVE  
CROWN POINT, IN 46307

NOVOGRADER CO INC.  
875 N. MICHIGAN AVENUE  
CHICAGO, IL 60611

PERFORMANCE FOODS  
8001 TPC ROAD  
ROCK ISLAND, IL 61204-7210

PNC BANK  
6750 MILLER ROAD  
BRECKSVILLE, OH 44141

PRIMARY FINANCIAL SERVICES  
3115 NORTH 3RD AVENUE  
SUITE 112  
PHOENIX, AZ 85013

PUBSPEC, LLC  
C/O PAUL DOMBROWSKI  
7528 FOREST  
HAMMOND, IN 46324

RICHARD BOUDREAU & ASSOC  
6 MANOR PARKWAY  
SALEM, NH 03079

RMS  
240 EMERY STREET  
PO BOX 20410  
LEHIGH VALLEY, PA 18002

ROGER MATTHEWS  
C/O ED GRIMMER  
603 N. MAIN STREET  
CROWN POINT, IN 46307

RON & MICHELLE BURGET  
10761 BROADWAY  
CROWN POINT, IN 46307

RUBIN & LEVIN  
500 MAROTT CENTER  
342 MASSACHUSETTS AVENUE  
INDIANAPOLIS, IN 46204

SAGE CAPITAL RECOVERY  
1040 KINGS HIGHWAY  
CHERRY HILL, NJ 08034

SAM'S CLUB  
PO BOX 530981  
ATLANTA, GA 30353

SCOTT VANKIRK  
15755 N. POINTE BLVD  
NOBLESVILLE, IN 46060

ST. ANTHONY HOSPITAL  
C/O NEIL J. GREENE  
250 PARKWAY DRIVE  
SUITE 160  
LINCOLNSHIRE, IL 60069

STAR DISPOSAL  
P.O. BOX 3598  
MUNSTER, IN 46321

STAR OF INDIANA  
C/O BROWN & JOSPEH LTD  
P.O. BOX 59838  
SCHAUMBURG, IL 60159

STENGER & STENGER  
2618 E. PARIS AVENUE SE  
GRAND RAPIDS, MI 49546

SUMMERWOOD APT.  
8300 POLO CLUB DRIVE  
UNIT C-59  
MERRILLVILLE, IN 46410

TELLER LEVIT & SILVERTRUST  
19 SOUTH LASALLE STREET  
SUITE 701  
CHICAGO, IL 60603

TRI-MARK MARLIN  
6100 W. 73RD STREET  
SUITE 1  
CHICAGO, IL 60638

TRUSTMARK RECOVERY  
541 OTIS BOWEN DRIVE  
MUNSTER, IN 46321

U&H EXCAVATING COMPANY  
C/O CHARLETTE L. VANDERTUCH  
580 S. 500 W.  
HEBRON, IN 46341

UNDERGROUND PIPE & VALVE INC.  
1100 PRAIRIE AVE  
SOUTH BEND, IN 46601

US BANK  
P.O. BOX 790084  
SAINT LOUIS, MO 63179-0084

VANDRUNEN SUPPLY  
C/O EFRON & EFRON  
5246 HOHMAN AVEUE  
HAMMOND, IN 46320

VELOCITY  
P.O. BOX 788  
BELMAR, NJ 07719

VON TOBEL CORPORATION  
C/O DOUGLAS, KOEPPEN & HURLEY  
PO BOX 209  
VALPARAISO, IN 46383

WELLS FARGO  
7255 BAYMEADOWS  
DES MOINES, IA 50306

WELLS FARGO  
3476 STATEVIEW BLVD.  
FORT MILL, SC 29715

WELTMAN, WEINBERG, & REIS CO.  
525 VINE STREET  
STE 800  
CINCINNATI, OH 45202

WILLIAM FINE  
2833 LINCOLN STREET  
HIGHLAND, IN 46322

WRIGHT & LERCH  
2001 REED ROAD  
SUITE 100  
FORT WAYNE, IN 46815

B22A (Official Form 22A) (Chapter 7) (04/13)

In re Larry Norbert Luebcke  
 Debtor(s)  
 Case Number: \_\_\_\_\_  
 (If known)

According to the information required to be entered on this statement  
 (check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises.  
☒ The presumption does not arise.  
☐ The presumption is temporarily inapplicable.

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

<b>Part I. MILITARY AND NON-CONSUMER DEBTORS</b>	
<b>1A</b>	<p><b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
<b>1B</b>	<p><b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input checked="" type="checkbox"/> <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.</p>
<b>1C</b>	<p><b>Reservists and National Guard Members; active duty or homeland defense activity.</b> Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. <b>During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</b></p> <p><input type="checkbox"/> <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <div style="margin-left: 40px;"> <p>a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and</p> <div style="margin-left: 20px;"> <input type="checkbox"/> I remain on active duty /or/  <input type="checkbox"/> I was released from active duty on ____, which is less than 540 days before this bankruptcy case was filed; </div> <p style="text-align: center;">OR</p> <p>b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/  <input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on ____, which is less than 540 days before this bankruptcy case was filed.</p> </div>

**Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION**

2	<b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b> b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." <b>Complete only column A ("Debtor's Income") for Lines 3-11.</b> c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b> d. <input type="checkbox"/> Married, filing jointly. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b>																			
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.		<b>Column A</b> <b>Debtor's</b> <b>Income</b>	<b>Column B</b> <b>Spouse's</b> <b>Income</b>																
3	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>		\$	\$																
4	<b>Income from the operation of a business, profession or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part V.</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Debtor</th> <th style="width: 10%; text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>Gross receipts</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td colspan="2" style="text-align: center;">Subtract Line b from Line a</td> </tr> </tbody> </table>				Debtor	Spouse	a.	Gross receipts	\$	\$	b.	Ordinary and necessary business expenses	\$	\$	c.	Business income	Subtract Line b from Line a		\$	\$
		Debtor	Spouse																	
a.	Gross receipts	\$	\$																	
b.	Ordinary and necessary business expenses	\$	\$																	
c.	Business income	Subtract Line b from Line a																		
5	<b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Debtor</th> <th style="width: 10%; text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>Gross receipts</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td colspan="2" style="text-align: center;">Subtract Line b from Line a</td> </tr> </tbody> </table>				Debtor	Spouse	a.	Gross receipts	\$	\$	b.	Ordinary and necessary operating expenses	\$	\$	c.	Rent and other real property income	Subtract Line b from Line a		\$	\$
		Debtor	Spouse																	
a.	Gross receipts	\$	\$																	
b.	Ordinary and necessary operating expenses	\$	\$																	
c.	Rent and other real property income	Subtract Line b from Line a																		
6	<b>Interest, dividends, and royalties.</b>		\$	\$																
7	<b>Pension and retirement income.</b>		\$	\$																
8	<b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.		\$	\$																
9	<b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:		\$	\$																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 30%; text-align: center;">Debtor \$</td> <td style="width: 30%; text-align: center;">Spouse \$</td> </tr> </table>		Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	Spouse \$	\$	\$													
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	Spouse \$																		
10	<b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. <b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.</b> Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.		\$	\$																
	<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Debtor</th> <th style="width: 10%; text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>				Debtor	Spouse	a.		\$	\$	b.		\$	\$	\$	\$				
		Debtor	Spouse																	
a.		\$	\$																	
b.		\$	\$																	
	Total and enter on Line 10		\$	\$																
11	<b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).		\$	\$																



12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$
<b>Part III. APPLICATION OF § 707(b)(7) EXCLUSION</b>		
13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.	\$
14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: _____ b. Enter debtor's household size: _____	\$
15	<b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed. <input type="checkbox"/> <b>The amount on Line 13 is less than or equal to the amount on Line 14.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input type="checkbox"/> <b>The amount on Line 13 is more than the amount on Line 14.</b> Complete the remaining parts of this statement.	

**Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)**

<b>Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)</b>														
16	<b>Enter the amount from Line 12.</b>	\$												
17	<b>Marital adjustment.</b> If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.	\$												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;"></td> <td style="width: 35%; text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">d.</td> <td></td> <td style="text-align: center;">\$</td> </tr> </table>		a.		\$	b.		\$	c.		\$	d.		\$	
a.		\$												
b.		\$												
c.		\$												
d.		\$												
Total and enter on Line 17		\$												
18	<b>Current monthly income for § 707(b)(2).</b> Subtract Line 17 from Line 16 and enter the result.	\$												

### Part V. CALCULATION OF DEDUCTIONS FROM INCOME

#### Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

19A	<b>National Standards: food, clothing and other items.</b> Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$																								
19B	<b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.	\$																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">Persons under 65 years of age</th> <th colspan="3" style="text-align: center;">Persons 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%; text-align: center;">a1.</td> <td style="width: 35%;">Allowance per person</td> <td style="width: 20%;"></td> <td style="width: 5%; text-align: center;">a2.</td> <td style="width: 35%;">Allowance per person</td> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: center;">b1.</td> <td>Number of persons</td> <td></td> <td style="text-align: center;">b2.</td> <td>Number of persons</td> <td></td> </tr> <tr> <td style="text-align: center;">c1.</td> <td>Subtotal</td> <td></td> <td style="text-align: center;">c2.</td> <td>Subtotal</td> <td></td> </tr> </tbody> </table>			Persons under 65 years of age			Persons 65 years of age or older			a1.	Allowance per person		a2.	Allowance per person		b1.	Number of persons		b2.	Number of persons		c1.	Subtotal		c2.	Subtotal	
Persons under 65 years of age			Persons 65 years of age or older																							
a1.	Allowance per person		a2.	Allowance per person																						
b1.	Number of persons		b2.	Number of persons																						
c1.	Subtotal		c2.	Subtotal																						
20A	<b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$																								

20B	<p><b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 30%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net mortgage/rental expense</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$									
c.	Net mortgage/rental expense	Subtract Line b from Line a.									
21	<p><b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	\$									
22A	<p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b>          You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.          Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.  <input type="checkbox"/> 0   <input type="checkbox"/> 1   <input type="checkbox"/> 2 or more.          If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$									
22B	<p><b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$									
23	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  <input type="checkbox"/> 1   <input type="checkbox"/> 2 or more.          Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 30%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									
24	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23.          Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 30%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
25	<p><b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b></p>	\$									

26	<b>Other Necessary Expenses: involuntary deductions for employment.</b> Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b>		\$									
27	<b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b>		\$									
28	<b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not include payments on past due obligations included in Line 44.</b>		\$									
29	<b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.		\$									
30	<b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b>		\$									
31	<b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b>		\$									
32	<b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>		\$									
33	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.		\$									
<b>Subpart B: Additional Living Expense Deductions</b>												
<b>Note: Do not include any expenses that you have listed in Lines 19-32</b>												
34	<b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. <table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 75%;">Health Insurance</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> </table> <p>Total and enter on Line 34.</p> <p><b>If you do not actually expend this total amount,</b> state your actual total average monthly expenditures in the space below:</p> <p>\$</p>		a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	\$
a.	Health Insurance	\$										
b.	Disability Insurance	\$										
c.	Health Savings Account	\$										
35	<b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.		\$									
36	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.		\$									
37	<b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</b>		\$									
38	<b>Education expenses for dependent children less than 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>		\$									

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	<b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b>	\$															
40	<b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$															
41	<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 34 through 40	\$															
<b>Subpart C: Deductions for Debt Payment</b>																	
42	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 15%;">Average Monthly Payment</th> <th style="width: 20%;">Does payment include taxes or insurance?</th> </tr> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines</td> <td></td> </tr> </table>			Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no				Total: Add Lines		\$
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?													
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no													
			Total: Add Lines														
43	<b>Other payments on secured claims.</b> If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 35%;">1/60th of the Cure Amount</th> </tr> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines</td> </tr> </table>			Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$				Total: Add Lines	\$			
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount														
a.			\$														
			Total: Add Lines														
44	<b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 28.</b>	\$															
45	<b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">Projected average monthly chapter 13 plan payment.</td> <td style="width: 35%; text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</td> <td style="text-align: center;">x</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Average monthly administrative expense of chapter 13 case</td> <td style="text-align: right;">Total: Multiply Lines a and b</td> </tr> </table>		a.	Projected average monthly chapter 13 plan payment.	\$	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	x	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b	\$						
a.	Projected average monthly chapter 13 plan payment.	\$															
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	x															
c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b															
46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.	\$															
<b>Subpart D: Total Deductions from Income</b>																	
47	<b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46.	\$															
<b>Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION</b>																	
48	<b>Enter the amount from Line 18 (Current monthly income for § 707(b)(2))</b>	\$															
49	<b>Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))</b>	\$															
50	<b>Monthly disposable income under § 707(b)(2).</b> Subtract Line 49 from Line 48 and enter the result.	\$															
51	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.	\$															

52	<b>Initial presumption determination.</b> Check the applicable box and proceed as directed. <input type="checkbox"/> <b>The amount on Line 51 is less than \$7,475*.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> <b>The amount set forth on Line 51 is more than \$12,475*.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> <b>The amount on Line 51 is at least \$7,475*, but not more than \$12,475*.</b> Complete the remainder of Part VI (Lines 53 through 55).
53	<b>Enter the amount of your total non-priority unsecured debt</b> <span style="float: right;">\$</span>
54	<b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result. <span style="float: right;">\$</span>
55	<b>Secondary presumption determination.</b> Check the applicable box and proceed as directed. <input type="checkbox"/> <b>The amount on Line 51 is less than the amount on Line 54.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> <b>The amount on Line 51 is equal to or greater than the amount on Line 54.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.

**Part VII. ADDITIONAL EXPENSE CLAIMS**

56	<b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.	
	Expense Description	Monthly Amount
	a.	\$
	b.	\$
	c.	\$
	d.	\$
	Total: Add Lines a, b, c, and d	\$

**Part VIII. VERIFICATION**

57	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">           Date: <u>February 18, 2014</u> </div> <div style="text-align: center;">           Signature: <u>/s/ Larry Norbert Luebcke</u>  <b>Larry Norbert Luebcke</b>  <i>(Debtor)</i> </div> </div>	
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\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.